

JONES COUNTY ON-SITE SEWAGE PERMIT  
JONES COUNTY P.O.  
BOX 148  
ANSON, TEXAS 79501

ALL ON-SITE SEWAGE FACILITIES REQUIRE A  
PERMIT IN JONES COUNTY

PROCEDURE FOR ON-SITE SEWAGE FACILITY

APPLICATION, CONSTRUCTION, AND LICENSE TO OPERATE

1. The owner must fill out applications and pay required fees for on-site sewage facilities.
2. The site evaluator will make an evaluation and issue specification requirements of the on-site evaluation and issue specification requirements for the on-site facility according to TCEQ rules and requirements.
3. The installer must submit to Jones County the completed Installer Checklist and a Plot Plan based on the specifications required from the site evaluation. After the information is reviewed and approved, a PERMIT TO CONSTRUCT is issued, the on-site sewage facility may not begin before this permit is issued or oral permission has been given by site evaluator.
4. Once the PERMIT TO CONSTRUCT is issued, the on-site sewage facility may be installed ONLY according to the approved plan design. Any proposed changes will require prior notification to the site evaluator before construction can begin.
5. After final inspection by Jones County, the property owner will be issued a LICENSE TO OPERATE the on-site sewage facility. The LICENSE TO OPERATE will be sent to the permanent mailing address listed on the permit application.
6. Any system installation other than a standard absorption system will require that an Affidavit To The Public be filed on the property owner's deed before a License to Operate the system will be issued, i.e., an Aerobic System.
7. The final grade shall be covered with vegetation fully capable of providing maximum transpiration. Evergreen bushes having a shallow root system may be planted in the drain-field to assist in water uptake. Grasses with dormant periods shall be over-seeded to provide year-round transpiration.
8. System installation requires a licensed installer or may be installed solely the homeowner that lives in the home attached to the on-site facility.



I certify that the above statements are true and correct to the best of my knowledge. Authorization is hereby given to Jones County to enter upon the above-described property for the purpose of lot evaluation and inspection of on-site sewage facility and that a permit to operate the facility will be granted following successful inspection of the installed system which indicates that the system was installed in compliance with this commission's On-Site Sewage Facility Rules, TAC 30, Chapter 285.

12. \_\_\_\_\_  
(Signature of Owner) (Date)

FEES: PERMIT APPLICATION

PERMIT: \$ \_\_\_\_\_

**JONES COUNTY ON -SITE SEWAGE FACILITY  
TECHNICAL INFORMATION FOR PERMIT**

**DO NOT BEGIN CONSTRUCTION PRIOR TO APPLICATION APPROVAL**

OWNER'S NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

Professional design required? yes \_\_\_ no \_\_\_ If yes, professional design attached: yes \_\_\_ no \_\_\_

**I. SEWER (House drain):**

Type and size of pipe: \_\_\_\_\_ Slope of sewer pipe to tank: \_\_\_\_\_

**II. DAILY WASTEWATER USAGE RATE: Q= \_\_\_\_\_ (gallons/day)**

Water saving devices: yes \_\_\_\_\_ no \_\_\_\_\_

**III. TREATMENT UNIT:**

**A. SEPTIC TANK**

Tank Dimensions: \_\_\_\_\_ Liquid depth (tank bottom to outlet)

Size required: \_\_\_\_\_ Size proposed: \_\_\_\_\_

**B. AEROBIC**

Manufacturer: \_\_\_\_\_ Model #: \_\_\_\_\_

Size required: \_\_\_\_\_ Size proposed: \_\_\_\_\_

Pretreatment tank: yes \_\_\_\_\_ no \_\_\_\_\_

**C. OTHER:** \_\_\_\_\_  
(Please attach description)

**IV. DISPOSAL SYSTEM:**

Type: \_\_\_\_\_

Area required: \_\_\_\_\_ Area proposed: \_\_\_\_\_

**V. ADDITIONAL INFORMATION: (NOTE: THIS INFORMATION MUST BE ATTACHED FOR REVIEW TO BE COMPLETED)**

A. Site evaluation

B. Planning materials

**VI. FEES:**

Permit Application Fee \$375.00

Commercial Application Fee \$475.00

TDH Research Fee \$10.00

TDH Research Fee \$10.00

**TOTAL FEES \$385.00**

**TOTAL FEES \$485.00**

This application is valid for one year from the date of issue. Should construction of the on-site Sewage facility not begin during this period a new application must be obtained and an additional fee will be charged.

Date: \_\_\_\_\_

Site Evaluation Number: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Site Evaluator Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Property Location:**

Lot \_\_\_\_\_ Block \_\_\_\_\_ Subdivision \_\_\_\_\_  
Street/Road Address \_\_\_\_\_  
County \_\_\_\_\_ Unincorporated Area? Y or N \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Additional Information \_\_\_\_\_  
\_\_\_\_\_

**Installer Information:**

Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

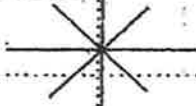
**Schematic of Lot or Tract**

Show:

- Compass North, adjacent streets, property lines, property dimensions, location of buildings, easements, swimming pools, water lines, and other surface improvements where known (drainage, patios, sidewalks).
- Location of existing or proposed water wells within 150 feet of property.
- Indicate slope or provide contour lines from the structure to the farthest location of the proposed soil absorption or irrigation area.
- Location of soil borings or dug pits (show location with respect to a known reference point).
- Location of natural, constructed, or proposed drainage ways, (streams, ponds, lakes, rivers, high tide of salt water bodies) water impoundment areas, cut or fill bank, sharp slopes and breaks.

Lot Size: \_\_\_\_\_ acres

**Compass North**



**Site Drawing**  
Scale: 1 inch = 50 feet  
Note type of vegetation on lot

**Features of Site Area**

Presence of 100 year flood zone	Yes _____	No _____
Presence of adjacent ponds, streams, water impoundments	Yes _____	No _____
Existing or proposed water well in nearby area	Yes _____	No _____
Organized sewage service available to lot or tract	Yes _____	No _____

Site Evaluator:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ License No: \_\_\_\_\_  
(Circle one: RS, PE, DR, Installer II)

## On-Site Sewerage Facility Soil Evaluation Report Information

Date Soil Survey Performed: \_\_\_\_\_

Site Location: \_\_\_\_\_

County: \_\_\_\_\_

Proposed Excavation Depth: \_\_\_\_\_

Name of Site Evaluator: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**Requirements:**

At least two soil excavations must be performed on the site, at opposite ends of the proposed disposal area. Locations of soil boring or dug pits must be shown on the site drawing.

For subsurface disposal, soil evaluations must be performed to a depth of at least two feet below the proposed excavation depth. For surface disposal, the surface horizon must be evaluated.

Describe each soil horizon and identify any restrictive features on the form. Indicate depths where features appear.

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

Soil Boring Number _____						
Depth (Feet)	Texture Class	Soil Texture	Structure (For Class III-blocky, platy or massive)	Drainage (Mottles/ Water Table)	Restrictive Horizon	Observations
0						
1						
2						
3						
4						
5						

I certify that the findings of this report are based on my field observations and are accurate to the best of my ability.

\_\_\_\_\_  
Signature of Site Evaluator

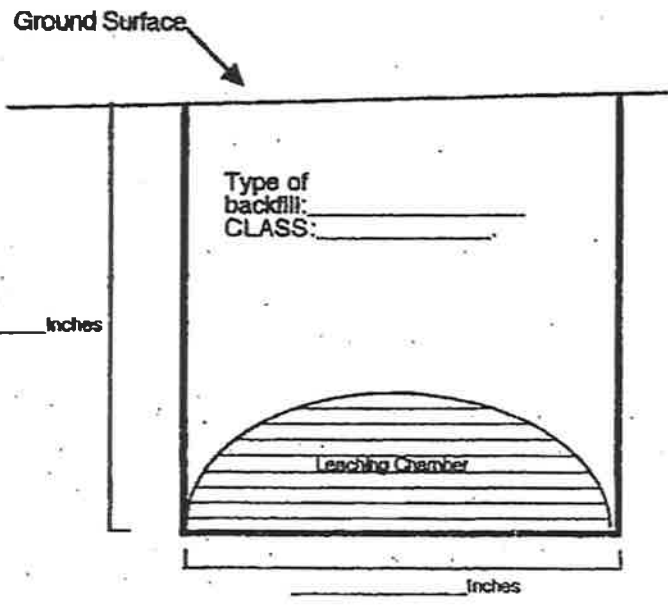
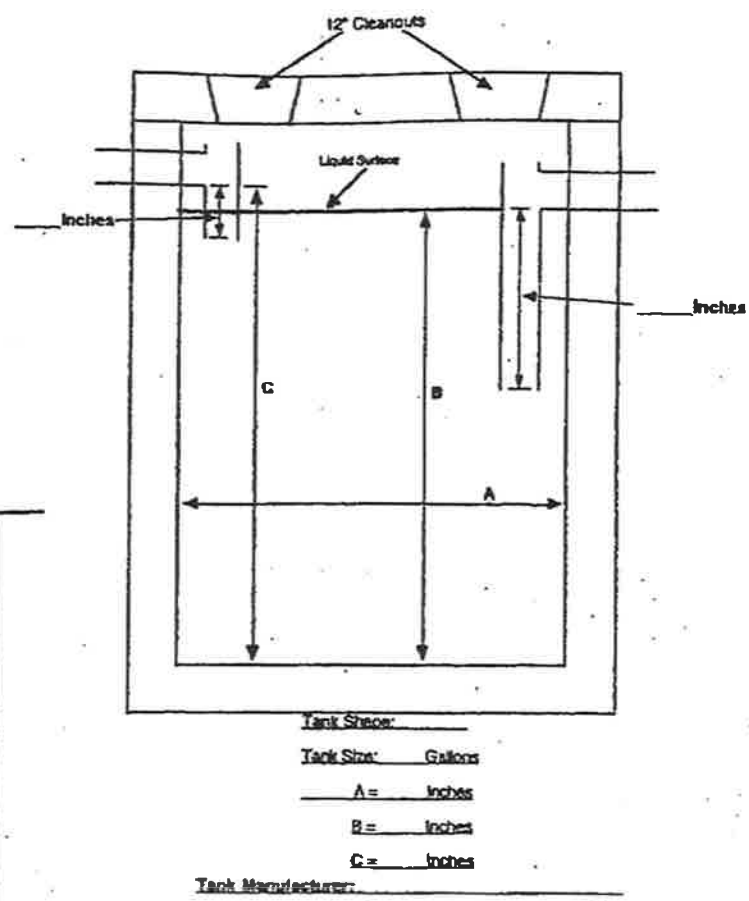
\_\_\_\_\_  
Date

# ON-SITE SEWAGE FACILITY PROGRAM

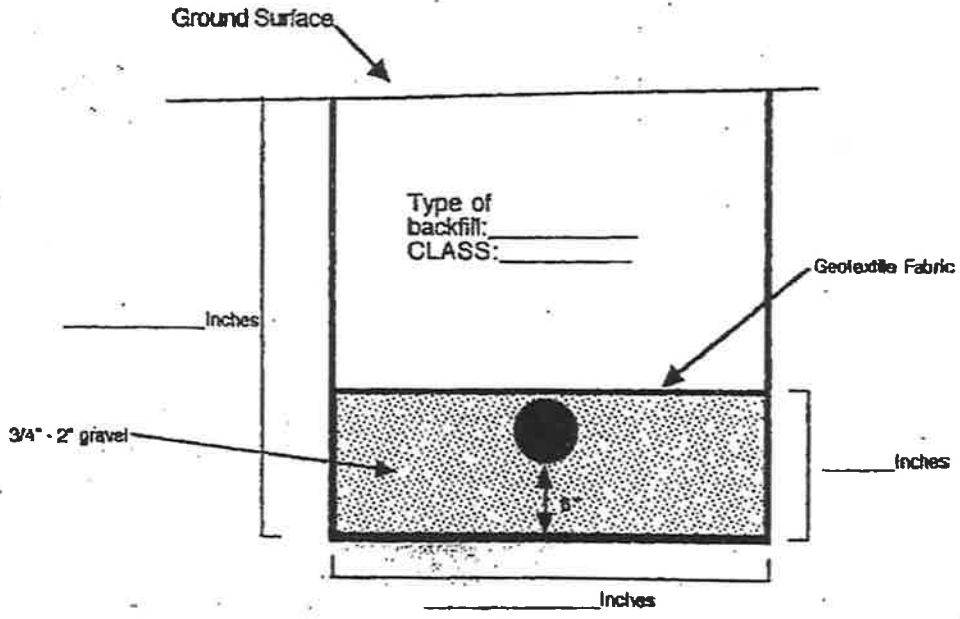
## CONVENTIONAL SYSTEM INSPECTION REPORT

PROPERTY OWNER(S):				INSTALLER:					
MAILING ADDRESS:									
PERMIT #:				CERTIFICATION #:					
I. SEWER								Y	N
CLEANOUTS PROPERLY INSTALLED									
PROPER TYPE PIPE FROM STRUCTURE TO DISPOSAL SYSTEM									
SLOPE OF SEWER 1/8 INCH PER FOOT									
II. SEPTIC TANK								Y	N
TANK SIZE REQUIRED				TANK SIZE INSTALLED				**	**
TYPE		SERIAL NUMBER		MANUFACTURER				**	**
RISERS PROVIDED ON TANKS BURIED GREATER THAN 12 INCHES									
INLET FLOWLINE GREATER THAN 3 INCHES ABOVE OUTLET FLOWLINE									
INLET LIQUID PENETRATION GREATER THAN 6 INCHES									
OUTLET LIQUID PENETRATION 1/4 TO 1/2 TOTAL LIQUID DEPTH									
" T " PROVIDED ON INLET AND OUTLET									
IF SINGLE TANK, ARE TWO COMPARTMENTS PROVIDED?									
III. DRAINFIELD								Y	N
TYPE: _____ 4" PVC/GRAVEL _____ 8" OR 10" GRAVELLESS _____ LEACHING CHAMBER								**	**
AREA REQUIRED				AREA INSTALED				**	**
EXCAVATION: WIDTH		DEPTH						**	**
DISTANCE BETWEEN TRENCHES								**	**
TYPE OF MEDIA USED								**	**
DEPTH OF MEDIA								**	**
EXCAVATION BOTTOM AT LEAST 12" LOWER THAN OUTLET FLOWLINE									
EXCAVATION 150 FEET LONG OR LESS									
EXCAVATION/PIPE LEVEL									
ENDCAPS IN PLACE									
PROPER BARRIER BETWEEN GRAVEL AND BACKFILL				TYPE BARRIER USED					
IF GRAVELLESS PIPE USED, IS FABRIC COVER IN PLACE?									
ARE MINIMUM REQUIRED SET-BACK DISTANCES MET? IF NOT, LIST DEFICIENCIES									
COMMENTS:									
INSPECTED BY:				DATE:					
APPROVED BY:				DATE:					

SEPTIC TANK SCHEDULE  
(NO SCALE)



TYPICAL TRENCH CROSS SECTION - LEACHING CHAMBER - NO SCALE



TYPICAL TRENCH CROSS SECTION - 4" PIPE AND GRAVEL - NO SCALE



JONES COUNTY  
NOTICE OF APPROVAL  
OF ON-SITE SEWAGE FACILITY

PERMIT# \_\_\_\_\_

(Please refer to this permit # when making inquiries)

Property Owner \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Property Location \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ County, Texas

This serves to notify all persons that the on-site sewage facility owned by the above has satisfied design, construction, and installation requirements of Jones County. This Jones County on-site sewage facility permit is issued for the operation of the above identified on-site facility.

ANY MODIFICATIONS TO THE STRUCTURE, SYSTEM COMPONENTS, OR CHANGES OF OWNERSHIP MAY REQUIRE A NEW PERMIT. The owner must notify this office of the aforementioned changes.

ADDITIONAL INFORMATION:

\_\_\_\_\_

Inspector \_\_\_\_\_

Date \_\_\_\_\_